SPECIAL RESERVATION INQUIRY FORM

This Form is intended to use for a party of 10 guests or more.

norization Information: e of Credit Card dit Card Number:	_ Time:	AMPM_	
e of Credit Card			
III O. I.N. I			
dit Card Number:			
d Verification(CV):			
dholder's Name :			
ng Address:			
ne Number:			
Number:			
ail:			
ns of Agreement:			
ts, please notify us within 2 hours of any changes in the ellation, we request that you notify us within 48 hours priority us of the cancellation will result in a \$3.00 per person	final count. Al	so, in an event	t of
	(Please	Print) understo	ood
authorized ERAWAN THAI to charge my credit card on am			an
t of cancellation without notification within 48 hours prior t	to the reservati	on time.	
ature:	D	ate:	
ial Requests:			